

Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program

7500 Odawa Circle-Harbor Springs, MI 49740 Telephone: (231)242-1626 Fax: (231)242-1635

CHILD CARE ASSISTANCE PROVIDER AGREEMENT

This is an agreement between the Little Traverse Bay Bands of Odawa Indians (*hereinafter referred to as LTBB*) Day Care Assistance Program, and

_____ (*hereinafter called Provider*), License #:* _____

to provide day care services for:

_____ (*hereinafter called Parent/Guardian*).

The Provider attests that the Day Care Facility providing services is a: ☐ Licensed Center* or ☐ Licensed Home*, or attests that s/he is related to the Parent or child/ren providing services for and therefore claims: ☐ Relative Care

The Provider hereby agrees to abide by the child care standards set forth by the State of Michigan, while providing services for the Parent/Guardian of the following child/ren:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The Provider agrees to provide to the Parent/Guardian the following:

- a) Unlimited access to child/ren while in your care;
- b) Immediate notification of child/ren problems or concerns;
- c) Assurances of a Smoke-free environment while child/ren are in your care.

The Provider agrees to abide by the Child Care Assistance Program reporting requirements and agrees to provide the LTBB Human Services Department with the following documents:

- a) Copy of current Day Care License (*if applicable*)*
- b) W-9 Form (*signed, dated and business identification number or social security number provided*)*
- c) Accurate Weekly Timesheets (*signed by Parent and Provider and dated no earlier than the last day services are rendered*)

The Provider agrees to abide by the Child Care Assistance Program's mandated annual inspections (twice annually) by providing access to the day care facility or home by a LTBB Human Services representative.

The Provider understands that upon receipt of weekly time sheets by the Human Services Department, the time sheets will be checked for accuracy and completeness and a determination will be made if Parent and/or Provider are in compliance with program requirements.

The Provider understands that payment for services rendered will be made payable directly to Provider and that a 1099 Form will be issued for tax reporting requirements at the end of each year.

The Provider understands and agrees that in the event a Parent fails to meet program requirements, and is determined to no longer be eligible to participate in the Day Care Assistance Program, the Parent bears the sole responsibility for total payments due for all services rendered by the Provider.

The Provider understands that payment for services rendered are not covered by LTBB until the Parent/Guardian has been approved for program participation.

The Provider agrees to abide by the terms listed in this agreement and will not attempt to defraud or, misrepresent any/all service or time reported to the LTBB Child Care Assistance Program. The Provider further understands that LTBB reserves the right to prosecute for misrepresentation and/or fraud.

Provider's Signature: _____ Date _____

-----DISCLAIMER-----

The Little Traverse Bay Bands of Odawa Indians (LTBB) Child Care Assistance Program operates on limited annual funding and is intended to assist in payment of day care service for qualified families. Based on program participation, LTBB does not promise or guarantee that funding will be available for duration of entire fiscal year. In the event that program funds become depleted LTBB will not be liable for day care expenses incurred by the program participant.

*Documents required when submitting this agreement

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